



Office of Lt. Governor/  
Department of Culture, Recreation & Tourism  
Funding Agreement Checklist

Agency/Program: Louisiana Serve Commission/AmeriCorps

Recipient: *PA Alletta Service Corps*

Indicate:

- Cooperative Endeavor
- Professional Services Contract
- Personal Services Contract
- Consulting Services Contract
- Social Services Contract
- Grant: Indicate Specific Program
- Line Item Appropriation
- Letter of Agreement

09RFHLLA001-0003

- | Yes                                 | No                       |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include budget worksheet?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include anticipated uses?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include estimated duration of the project?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include goals, objectives, and measures of performance?                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement indicate requirement of written progress report every six (6) months?             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement notify the recipient of Louisiana Audit Law (R.S.24:513)? (See attached schedule) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the comprehensive budget been approved by the appointing authority?                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the comprehensive budget been properly transmitted to the Louisiana Legislative Auditor?         |

Signatures: *Stephanie Burke* 8.26.10  
Contract Monitor Date

\_\_\_\_\_  
Appointing Authority Date

## Recovery Louisiana Delta Service Corps AmeriCorps Louisiana Delta Service Corps

Application ID: 09AC101015

Budget Dates:

Total Amt      CNCS Share      Grantee Share

**Section I. Program Operating Costs**

A. Personnel Expenses 14,400 0 14,400

B. Personnel Fringe Benefits

C. Travel

Staff Travel 800 800 0

Member Travel 4,375 0 4,375

Total \$5,175 \$800 \$4,375

D. Equipment 2,750 0 2,750

E. Supplies 1,800 1,200 600

F. Contractual and Consultant Services

G. Training

Staff Training

Member Training 2,850 0 2,850

Total \$2,850 \$0 \$2,850

H. Evaluation

I. Other Program Operating Costs

Travel to CNCS-Sponsored Meetings 8,270 0 8,270

Total \$8,270 \$0 \$8,270

Section I. Subtotal \$35,245 \$2,000 \$33,245

Section I Percentage 6%  94%

**Section II. Member Costs**

A. Living Allowance

Full Time (1700 hrs) 117,000 114,000 3,000

1-Year Half Time (900 hours) 0 0 0

Reduced Half Time (675 hrs) 0 0 0

Quarter Time (450 hrs) 0 0 0

Minimum Time (300 hrs) 0 0 0

2-Year Half Time (2nd Year) 0 0 0

2-Year Half Time (1st Year) 0 0 0

Total \$117,000 \$114,000 \$3,000

B. Member Support Costs 34,400 19,400 15,000

FICA for Members 0 0 0

Worker's Compensation 0 0 0

Health Care 0 0 0

Total \$34,400 \$19,400 \$15,000

Section II. Subtotal \$151,400 \$133,400 \$18,000

**Section III. Administrative/Indirect Costs**

A. Corporation Fixed Percentage

Corporation Fixed Amount 5,616 2,100 3,516

Commission Fixed Amount 1,400 1,400 0

Total \$7,016 \$3,500 \$3,516

B. Federally Approved Indirect Cost Rate

Section III. Subtotal \$7,016 \$3,500 \$3,516

Section III Percentage 50%  50%

Section I + III. Funding Percentages 13%  87%

Budget Totals \$193,661 \$138,900 \$54,761

Budget Total Percentage 72%  28%

Required Match 0%  0%

# of years Receiving CNCS Funds 1  1